

## **15.1 MEDICATION DISPENSING POLICY**

The Special Recreation Service of Northern Lake County will only dispense medication at programs when necessary for the health and welfare of the participants. SRSNLC member district staff will request, when possible, that the medication be given by parent or guardian or self-medicating participants prior to or after the program participation. All procedures for dispensing medication must be followed.

### **Medication Dispensing Procedures**

#### **Parent or Guardian Responsibilities:**

1. Sign Medication Administration Form complete the Medication Dispensing Log (attached) and bring both forms a minimum of 3 business days prior to the program; all specific instructions for medication must be included.
2. Personally, deliver all medication to member district staff in the original container or labeled medication envelope. The container must include the pharmaceutical or over-the-counter manufacturer's instructions to include: person's name, medication, dosage, and time of day medication are to be administered.
3. Verify with authorized staff the amount of medication (i.e., 10 pills, half of 8 oz. bottle) noted on the Medication Dispensing Log.
4. Only send the amount of medication needed for the duration of the current program registration,
5. If pill tablets must be divided in order to administer the correct dosage, please do so at home before bringing to the program.

The 3-day requirement can be waived only if the timing of when the doctor prescribes the medication is less than 3 days prior to when medication needs to be dispensed at the program; a minimum of 24 hours will be enforced.

6. Notify member district immediately of medication changes and complete new information form.

#### **Staff Responsibilities:**

1. Ensure that medication Administration Form, Medication Dispensing Log, and Medication Envelope Labels are filled out completely prior to dispensing medication.
2. Ensure that only authorized member district staff receives medication from parent or guardian.
  - Envelops should be sealed and NOT clear. The district/agency does not want to see what is in the envelope.
3. Verbally communicate with parent or guardian regarding specific instruction on dispensing and storing medication.
  - When the staff open the envelope, the dispensing log should be filled out
  - If the medication is liquid, or needs to be refrigerated, it may remain in the original bottle and the staff using a liquid dropper syringe that the staff measure the dosage and dispense when needed

4. Store the medication in a locked cabinet away from the reach of other participants.
5. Member district staff must follow instructions written on medical information form, dose envelope and/or original prescription container, in the event of conflicting information, medication should not be administered until the parent or guardian or physician are contacted for specific instructions. EXP: When the staff can confirm that they see 1 ½ pills so that the error of a parent putting a week's worth of meds in one envelope is avoided. If this occurs, the staff should contact the parents immediately and clarify the proper dose (an email confirming this would be helpful).
6. Only paid and trained member district staff will be allowed to dispense medication.
7. Medication Administration Form, Medication Dispensing Log, & Medication Envelopes will be kept for all medication dispensed by member district staff and will be kept on file for one year in a permanent file. EXP (the member can place the entire trip worth of envelopes in a file that is dated and labeled for that program and save it for 1-2 years.)

**15.2**

# SPECIAL RECREATION SERVICES OF NORTHERN LAKE COUNTY MEDICATION ADMINISTRATION FORM

Please complete and bring to your participant's first day of program.

Participant Name: \_\_\_\_\_

Program: \_\_\_\_\_

**IMPORTANT INFORMATION:** The Special Recreation Services of Northern Lake County (SRSNLC) and its member districts of: Round Lake Area Park District, Lindenhurst Park District, Zion Park District and Waukegan Park District (hereinafter, "District") strongly encourages participants' self-responsibility for their personal health, including personal care and medications. We ask that whenever possible, participants take their medication before or after, rather than during programming. Please understand that the District is committed to making reasonable accommodation under the ADA and similar laws, and will assist in the administration of certain medications for participants enrolled in our programs in compliance with applicable law, and subject to the District's policies and procedures.

**[Note]:** The District does not assist with the administration of medication via syringe, g-tube, or rectal administration (e.g. Diastat/Diazepam or suppository).

**PARENT/GUARDIAN MUST:**

1. Sign this Medication Administration Form, complete the Medication Dispensing Log (attached), and bring both forms to the first day of the program; all specific instructions for medication must be included.
2. Personally deliver all medication to the authorized staff in the original container or labeled medication envelope. The container must include the pharmaceutical or over-the-counter manufacturer's instructions to include: person's name, medication, dosage, and time of day medication are to be administered.
3. Verify with authorized staff the amount of medication (i.e., 10 pills, half of 8 oz. bottle) noted on the Medication Dispensing Log.
4. Only send the amount of medication needed for the duration of the current program registration, not to exceed two weeks of time.
5. If pill tablets must be divided in order to administer the correct dosage, please do so at home before bringing to the program.

**PERMISSION TO ADMINISTER MEDICATION AND WAIVER & RELEASE OF ALL CLAIMS:** Please read this form carefully and be aware that you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the District event, program or facility, except for claims arising out of the willful and wanton conduct of the District.

INITIAL HERE

**PERMISSION TO ADMINISTER MEDICATION:** The District will not administer medication to a minor child/ward unless this Permission and Waiver to Administer Medication has been fully completed and signed and initialed by a parent or legal guardian. I understand that it is my responsibility to ensure the medication is given directly to District staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information: Participant's name, name of medication, and complete dosage instructions.

Initials of parent/guardian \_\_\_\_\_

INITIAL HERE

**SELF ADMINISTRATION AUTO INJECTOR AND/OR INHALER:** As parent/guardian of the above identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess and self-administer medications, and/or use an epinephrine auto-injector or inhaler in a recreational setting.

- \*If participant does not have an auto-injector or inhaler – no initial needed
- \*If participant cannot self-administer – no initial needed
- \*If participant can administer – please initial below
- \*If participant will need accommodation or you are unsure – please initial & provide comments below

Initials of parent/guardian \_\_\_\_\_

**EMERGENCY OR IMMEDIATE MEDICAL CARE:** If after administering medication there is an adverse reaction, I understand that the District may secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary, in the sole discretion of the District, for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I also recognize and acknowledge that there are certain risks of physical injury to participant's possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the District.

I further agree to protect, indemnify, save, defend and hold harmless the District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the District may become obligated by reason of the possession, self-administration or use of medication; except to the extent caused by the willful and wanton conduct of the District.

SIGN HERE

**I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Special Recreation Services of Northern Lake County (SRSNLC) and its member districts of: Round Lake Area Park District, Lindenhurst Park District, Zion Park District and Waukegan Park District staff will not administer medication to a minor child/ward until the Medication Administration Form and Dispensing Log have been fully completed.**





# 15.3 ORIGINAL PACKAGING/BOTTLE DISPENSING LOG

Must accompany the Medication Administration Form

Use for topical ointments, patches, liquids, etc

Page \_\_\_\_ of \_\_\_\_

Participant's Name \_\_\_\_\_

Program \_\_\_\_\_

MEDICATION, EPIPEN, OR INHALER	Dosage	Dispense Time(s) Required
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Administration Instructions \_\_\_\_\_

If EpiPen, what is the allergen(s)?	What are the signs of an allergic reaction or need for inhaler?
-------------------------------------	-----------------------------------------------------------------

Count/Amount	Parent/Guardian Initials	Received by (staff initials/date)
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<b>STAFF USE ONLY</b>	Date																		
	Time																		
	Initials																		
	Date																		
	Time																		
Initials																			

MEDICATION, EPIPEN, OR INHALER	Dosage	Dispense Time(s) Required
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Page \_\_\_\_ of \_\_\_\_

Participant's Name \_\_\_\_\_

Program \_\_\_\_\_

MEDICATION, EIPEN, OR INHALER	Dosage	Dispense Time(s) Required
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Administration Instructions \_\_\_\_\_

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<b>STAFF USE ONLY</b>	Date																			
	Time																			
	Initials																			
	Date																			
	Time																			
Initials																				



ENV #	<b>MEDICATION ENVELOPE</b> PLEASE PRINT	
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**PARTICIPANT NAME:** \_\_\_\_\_

MEDICATION(S):	Number of Pills in Dosage:

Date/Time to Take: \_\_\_\_\_

Total Number of Pills:	Parent Initials
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**\*Envelope MUST NOT be clear.\***

ENV #	<b>MEDICATION ENVELOPE</b> PLEASE PRINT	
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**PARTICIPANT NAME:** \_\_\_\_\_

MEDICATION(S):	Number of Pills in Dosage:

Date/Time to Take: \_\_\_\_\_

Total Number of Pills:	Parent Initials
------------------------	-----------------

**\*Envelope MUST NOT be clear.\***

ENV #	<b>MEDICATION ENVELOPE</b> PLEASE PRINT	
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**PARTICIPANT NAME:** \_\_\_\_\_

MEDICATION(S):	Number of Pills in Dosage:

Date/Time to Take: \_\_\_\_\_

Total Number of Pills:	Parent Initials
------------------------	-----------------

**\*Envelope MUST NOT be clear.\***

ENV #	<b>MEDICATION ENVELOPE</b> PLEASE PRINT	
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**PARTICIPANT NAME:** \_\_\_\_\_

MEDICATION(S):	Number of Pills in Dosage:

Date/Time to Take: \_\_\_\_\_

Total Number of Pills:	Parent Initials
------------------------	-----------------

**\*Envelope MUST NOT be clear.\***

ENV #	<b>MEDICATION ENVELOPE</b> PLEASE PRINT	
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**PARTICIPANT NAME:** \_\_\_\_\_

MEDICATION(S):	Number of Pills in Dosage:

Date/Time to Take: \_\_\_\_\_

Total Number of Pills:	Parent Initials
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**\*Envelope MUST NOT be clear.\***

ENV #	<b>MEDICATION ENVELOPE</b> PLEASE PRINT	
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**PARTICIPANT NAME:** \_\_\_\_\_

MEDICATION(S):	Number of Pills in Dosage:

Date/Time to Take: \_\_\_\_\_

Total Number of Pills:	Parent Initials
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**\*Envelope MUST NOT be clear.\***